

**WEINGARTEN, SCHURGIN, GAGNEBIN & LEOVICI LLP**  
 Ten Post Office Square  
 Boston, Massachusetts 02109  
 Telephone: (617) 542-2290  
 Telecopier: (617) 451-0313

**Date: November 25, 2008**

**COMMISSIONER FOR PATENTS**

P.O. Box 1450  
 Alexandria, VA 22313-1450

**Attorney**  
**Docket No.: VSI-005AX**

Sir:

**In re application of: REMIJAN ET AL.**

**Entitled: MINIATURE ENDOSCOPE SYSTEM**

Transmitted herewith is an **amendment** in the above-identified application. The following checked items are applicable:

[x] **This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$405.00) per §1.17(e).**  
 [ ] Enter the unentered amendment previously filed on \_\_\_\_\_ per §1.116.

[x] **Small Entity Status is asserted.**

[x] **A Petition for Extension of Time for 2 month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$245.00) per §1.17.**

[ ] In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.

[x] **Other: RCE Letter**

| CLAIMS AFTER AMENDMENT:   | MINUS PRIOR PAID CLAIMS: | EQUALS PRESENT EXTRA CLAIMS: | RATE:        | ADDITIONAL FEE: |
|---|--------------------------|------------------------------|--------------|-----------------|
| Independent   | 7 - 7                    | = 0                          | x \$220.00 = | 0               |
| Total   | 80 - 80                  | = 0                          | x \$ 52.00 = | 0               |
| [ ] Multiple Dependent Claims (1st presentation)                        |                          |                              |              | + \$390.00 =    |
| <b>SUBTOTAL ADDITIONAL FEE</b>  |                          |                              |              | 0               |
| Small Entity filing, divide by 2. Small Entity status must be asserted. |                          |                              |              |                 |
| <b>TOTAL ADDITIONAL FEE</b>   |                          |                              |              | 0               |

[x] **No additional fee.** [ ] The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$\_\_\_\_\_) for the cost of same.

[X] **The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.**

**Dated: November 25, 2008**

/trb

/Thomas O. Hoover/  
**Attorney of Record: Thomas O. Hoover**  
**Registration No.: 32,470**